



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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King County Mental Health Advisory Board (MHAB) Regular Meeting February 12, 2013

Members Present: Maria Davis, Nancy Dow, John Holecek, Kristin Houser, Toni Krupski, Eleanor Owen, Allan Panitch, Heather Spielvogle

Members Absent: Alicia Glenwell, Veronica Kavanagh, (excused); Steve Williams (unexcused)

Guests Present: Lauren Davis, Katelyn Morgaine, Laura Swartley (MHAB Candidates); Jacquelyn Willimon (MH Ombuds); Danie Eagleton, Sherry Harrison, Jeri O'Brien, Darren Paschke, Joan Zintak (Navos); Cathy Callahan-Clem, Patrick Ciminera, Sarah Lapp, Joseph LeVine, Teri McNeeg, Theresa Winther, Brian Youngberg (Sound Mental Health); Catherine Hawkes-Bryson, Deborah Mulein, Kate Naeseth, DeAnn Spangler, Linda Tarter (Valley Cities Counseling and Consultation); Janine Boyer, Janis Howard, Rae Kimura, Cavan O'Grady (Voices of Recovery); Susan O'Patka

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Staff Present: Bryan Baird, Terry Crain, Jean Robertson

I. Welcome and Introductions

Toni Krupski, Chair, convened the meeting at 4:35 p.m., at the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. She welcomed the members and introductions were made by each person in attendance. A quorum was present for this meeting.

II. Approval of Minutes

The January 8, 2013 meeting minutes were approved, by consensus.

III. Peer Support Services Panel Discussion ~ Terry Crain, Recovery Specialist, MHCADSD

Last year, the MHAB received a presentation on the peer specialist program at Harborview, given by MHAB member, Nancy Dow, that sparked a lot of discussion and led to a series of questions, such as what peers are doing outside

of Harborview. The Board decided to invite peers from Navos, Sound Mental Health (SMH), and Valley Cities Counseling and Consultation (VCCC) to address the following series of questions:

- How many peer specialists do you have in your agency?
- Are any of them interns?
- Are they full or part time?
- Are they certified or not?
- How are peers integrated in your agency?
- Are they part of the treatment teams and participating in the full range of client care services?
- What kinds of activities do peer specialists do in your agency?
- What do they do the majority of the time?
- How are peer counselors supervised?
- How does the agency ensure quality of service and adherence to the agency's therapeutic policies and practices?
- How do you think your agency has benefited from peer support services?
- What are the biggest challenges for peers working in your agency?
- What issues have you resolved and how?
- If you had a wish list, what would peers be doing in your agency that they aren't doing now?
- Is there anything else you wish to add?

Each of the three groups had 10 minutes to respond and discuss.

The SMH team reported having 30 peer specialists (19 are certified, 11 are not certified); currently have two peer specialist openings; 13 volunteers, (some of these are interns); 24 full-time equivalents (FTE). The staff integrated at the agency from forensic services, community support, adult services, chemical dependency services, court services, etc. Other staff members gave a brief synopsis of their roles and scope of responsibilities within their agency.

The VCCC team reported having 17 peer specialists, (14 are certified, three are not certified, but working toward certification); 16 are FTE, one is part-time; 20 volunteers at each site; and five to six interns continually. Peers are now in all departments at the agency's five sites. Peers do trainings for staff and clients, run small and large groups, perform outreach in the community, etc. Staff reported they believe peers are quite beneficial as they have witnessed recovery happening with many of their clients. Staff members gave a brief synopsis of their roles and scope of responsibilities within their agency. Some challenges include building rapport and relationships with clinicians on their teams, but one process helping with this is through the work of interns.

The Navos team reported there are no current peer interns, but will have some soon. Most peer support specialists are part-time or three-quarters time; currently has seven to eight peers which is expected to change dramatically in the very near future. Other work at Navos includes: face to face sessions for peer support work, many group meetings offered, the agency is in process of doing more outreach now, supported employment services, and weekly supervision. Additional goals will be focusing on recovery and graduation.

Each agency responded with wish list items that included: more funded trainings, peers in management, more home visits with seniors, peers paid for their work, increase the technology support for programs, the ability to hire more peers, have safer, more normalized permanent housing available, and be encouraging to many more people, just to name a few.

Toni concluded by acknowledging Nancy for her instrumental role in making tonight's panel discussion possible.

IV. Committee Reports

Legislative Advocacy and Public Affairs Committee (LAPAC) Update

No report.

The next LAPAC meeting is scheduled for Monday, March 11, 2013, from 1 p.m. to 3 p.m., in Chinook room 116.

Membership Committee Update – Kristin Houser

Kristin introduced Katelyn Morgaine to the Board with the Membership Committee's nomination. She shared that Katelyn is a peer counselor and will be a wonderful asset to the Board.

Ms. Morgaine spoke of her experience as an attorney and later becoming a peer specialist. She is quite passionate about the peer movement and expressed her excitement of becoming a board member.

The MHAB members will vote on Ms. Morgaine's candidacy at the March meeting.

Quality Council (QC) Update – Kristin Houser

This meeting was mainly organizational for the committee where they planned out the focuses for the next six months. Talks include looking at measuring outcomes, educational presentations, and people transitioning out of the system and what happens next.

Other topics from this meeting include:

Kathy Crane reported the status of various county grants, including the Peer Bridger grant.

Planning a meeting where the QC will get presentations from the Voices of Recovery spearheaded by MHAB member, Maria Davis. The meeting will focus on some of the changes in health care delivery now and hopes for how these systems can improve.

The QC meeting time will change to the first Monday of each month beginning in March 2013 from 3 p.m. to 4:30 p.m.

The next QC meeting is scheduled for Monday, February 25, 2013, from 3 p.m. to 4:30 p.m., in Chinook room 124.

Recovery Advisory Committee (RAC) Update

No report.

The next RAC meeting is scheduled for Tuesday, February 19, 2013, from 3:30 p.m. to 5 p.m., in Chinook room 126.

Mental Illness and Drug Dependency (MIDD) Oversight Committee (OC) Update

No report.

The next MIDD OC meeting is scheduled for Thursday, February 28, 2013, from 12:15 p.m. to 1:45 p.m., in Chinook rooms 121 and 123.

V. Subcommittee and Liaison Assignments – Toni Krupski

Bryan Baird, Board Liaison will compose and send a letter to Pioneer Human Services assigning Maria Davis as their MHAB liaison.

Maria reported on the happenings of February King County Alcoholism and Substance Abuse Administrative Board meeting. Those topics included:

- Alison Holcomb, Attorney, American Civil Liberties Union (ACLU) of Washington spoke about what the ACLU is doing now to ensure I-502 is implemented in a way that highlights and features the public health provisions built in to the initiative; raising licensing fees; involving the Liquor Control Board, it will be a felony to provide marijuana to minors, etc.
- A myriad of current House and Senate bills.

VI. Staff Report – Jean Robertson

Jean spoke briefly to the following points:

Regarding the Peer Bridger grant, a settlement with a pharmaceutical company and the Attorney General's Office, has made \$4.6 million in funds available to provide services to victims of bad pharmaceutical practices. King County submitted an application for a Peer Bridger program for assisting people at the time of their discharge from hospitalization to assist in their transition from the hospital back into the community. This is a two year grant and King County intends to sustain the program with inpatient savings. The agencies King County will work with are Navos and Harborview Medical Center as they have inpatient evaluation treatment facilities and outpatient programs. Jean and Kathy Crane will go to Pierce County to learn about their Peer Bridger program next week.

Jean announced the new Department of Social and Health Services (DSHS) Secretary Quigley has decided to break up Aging and Disability Services Administration into three sections: DBHR, Developmental Disabilities, and Aging and Long Term Care Services.
Jean discussed upcoming legislative bills

Legislative Bills

- Senate Bill 5234 and companion House Bill 1522, where DSHS requested to improve the adult MH system, looking at specific outcomes, and also to require RSNs to achieve discharge from the state hospital within 21 days of a person being identified as someone no longer needing inpatient level of care. Jean testified in favor of these changes and advocated where there is shared responsibility with other agencies for these outcomes that there be shared accountability.
- Senate Bill 5153, regarding transferring clients between RSNs. King County is working with legislators to adopt a protocol that RSNs have already worked out for these transfers. This bill has already been amended.
- House Bill 1513, outpatient commitment bill that has been said to be unconstitutional; unlikely to pass.
- House Bill 1519, establishes accountability measures for service coordination organizations reflecting the same outcomes as the adult mental health improvement bill.
- Senate Bill 5456, for a two physician override to a designated mental health professional decision. This law would allow an override by physicians and require a Designated Mental Health Professional to file a petition. There are multiple procedural issues with this bill, and it will considerably increase commitments, and have major fiscal impacts such as court costs.

- Senate Bill 5282 to develop statewide database of commitment information around gun permit checks. Currently, there is no reliable, centralized database; this bill proposed to get one up and running, to collect data in real time on a daily basis.
- Senate Bill 5571, to increase public awareness on mental illness and mental health services and reduce stigma.
- Senate Bill 5176 and companion House Bill 1114, will amend the criminal insanity law (RCW 10.77). There is movement on some amendments to make it workable for law enforcement, jails, the state hospital, and the RSNs as there are not enough beds for people to be transferred from the criminal system to the civil system.
- Senate Bill 5480, to speed up implementation the commitment criteria expansion bill from July 2015 to January 2014. There is a huge shortage of inpatient beds and this bill would only exacerbate that problem.

VII. Quarterly Liaison Reports

No report.

VIII. Board and Community Concerns

Eleanor Owen proposed having Amnon Shoenfeld, MHCADSD Director, come speak to the MHAB about the happenings in the state legislature. This will be a topic for a future agenda.

IX. Adjournment

There being no further business, the meeting adjourned at 6:35 p.m.

Prepared by:
Bryan Baird, Board Liaison

Attested by:
Toni Krupski, Chair